
ESOPHAGEAL TRACHEAL AIRWAY DEVICE (ETAD) SERVICE PROVIDER REQUIREMENTS

AUTHORITY

California Code of Regulations Title 22, Division 9, Chapter 2. Section 100064

PURPOSE

To establish a standard mechanism for approval and designation of an EMT-I ETAD service provider

PROCEDURE

Provider agencies seeking approval shall submit the following to ICEMA prior to beginning service:

1. Description of the geographic area served by the provider agency including:
 - a. Population
 - b. Rural vs. urban or combination
 - c. Projected coverage
 - d. Average ETA of a transport provider
 - e. Average ETA to the nearest acute care receiving facility
2. A statement agreeing to comply with all of ICEMA protocols and procedures related to the program
3. Identify the individual responsible for managing the program (program coordinator)
4. Identify the primary instructor with qualifications and training program to be used
5. Policies and procedures to ensure orientation and continued competency of accredited personnel.
6. Identify the CQI program including the methods used to review
7. Anticipated number of personnel to be trained

RECORD KEEPING AND REPORTING REQUIREMENTS

1. A patient care report form (O1A) shall be completed for each patient on whom the ETAD is used and utilized by the provider for quality assurance purposes.
2. Advanced skills form completed and sent to ICEMA BLS coordinator.
3. The ETAD service provider is responsible for assuring the continued competency of the EMT-I skill level, either through skills testing or appropriate usage of the device.
4. All relevant records related to monitoring of the program shall be available for review by ICEMA
5. Required statistical information for each patient that the ETAD was utilized shall be reported each March 1 for the previous calendar year to ICEMA including:
 - a. Age
 - b. Gender
 - c. Indications for use
 - d. Outcome
 - e. Number of attempts
 - f. Number of personnel employed by your department that are trained in the use of the device.